U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OROF		
1. File Number U - 4933	2. Fiscal Year Covered From:	
,	01 / 01 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Harold R Miller	Name Iron Workers AFL-CIO LU 568	
	Labor Organization File Number 0.1_1_4.2.8	
P,O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 204 Large Street	Street 119 South Centre Street	
City Meyersdale	City Cumberland	
State Pennsylvania ZIP Code + 4 15552	State Maryland ZIP Code + 4 21502	
5. Position in labor organization. Trustee		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
P.O. BOX, Blug., NOUTH NO., II arry	7.b. Amount.	
Street		
City	0	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Harold R. Miller	On 03/02/06 (814) 634-8459 Date Telephone Number	

Name of Person Filing Harold R. Miller	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Iron Workers Local Union No. 568 J.A.T.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 119 South Centre Street City Cumberland State Maryland ZIP Code + 4 21502	9. Business deals with: a. Labor Organization b. Trust x. c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Iron Workers Local Union No. 568 Trade Name, if any: P.O. Box, Bldg., Room No., if any	Wages received as an instructor of Apprentice & Journeymen upgrading classes.		
Street 119 South Centre Street	11.b. Approximate dollar value of such dealing.	6127 12	
City Cumberland	12.a. Nature of interest held or income received.	L\$-1.2.7-, 1.3	
State Maryland ZIP Code + 4 21502			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?		0	